

## DMV Lane Technician Observation Report

DMV Technician: <u>BOB LARSON</u>		Position: <u>1</u> or 2	
Station: <u>GEORGETOWN</u>	Date: <u>11-24-14</u>	Time: <u>10:07</u>	
Vehicle Make: <u>Chev</u>	Model	Year <u>2002</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>VN27707</u>	
Auditor: <u>Dossert</u>		Covert <u>(Over)</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
<b>Comment:</b>			

Original 08/06/2009